

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark Miller Chesser

Title: METHOD, APPARATUS,
SIGNALS AND MEDIA FOR
PROVIDING CUSTOM OUTPUT
IN RESPONSE TO USER INPUT
AND E-MAIL SYSTEM
EMPLOYING SAME

Appl. No.: 09/755,898

Filing Date: 01/05/2001

Examiner: Doan, Duyen My

Art Unit: 2143

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the United States Patent and Trademark Office,
Alexandria, Virginia on the date below

Todd A. Rathe

(Printed Name)

(Signature)

(Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated May 25, 2007 finally rejecting Claims 1, 3-6, 12-14, 16-20, 22 and 20 5, 29, 30, 37 and 40-60.

- ☒ [X] Applicant claims small entity status.
- ☐ [] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ [X] Notice of Appeal Fee
- ☒ [X] To be paid as detailed below
- ☐ [] Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension for response filed within the ___ month:	\$0.00
<input type="checkbox"/>	Extension Already Obtained for ___ month(s):	
	FEE TOTAL:	\$500.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$250.00
	TOTAL FEE:	\$250.00

- ☐ Please charge Deposit Account No. 50-3815 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A Credit Card Payment Form authorizing a charge in the amount of \$0.00 to cover the filing and extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3815. Should no proper payment be enclosed herewith, as by a credit card authorization being in the wrong amount, unsigned, post-dated, denied, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3815.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 27, 2007

By Todd A. Rathe

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